

Can you get more absurd than this?

It makes no sense—no sense whatsoever.

I would ask MARCO RUBIO to sleep on this overnight, Senator RUBIO.

His bill, which already passed the Senate separately, will not accomplish what he wants because it will just blow up the entire bill—the entire Defense Authorization Act.

But, instead, he came to the floor and objected when both Democratic and Republican leaders said we want to move forward, and so we can't move forward. This will be the first time that an NDAA bill has not moved forward, and it all falls on the shoulders of one Senator, MARCO RUBIO.

Now, I would hope my Republican colleagues who are listening to this, who have things in the bill they want, would go to Senator RUBIO and ask him to back off so tomorrow morning we might get started. But the odds of that are slim. The odds of that are slim.

I must say, Leader McCONNELL, Senator INHOFE, the ranking member, as well as JACK REED, and myself have worked hard together to accommodate Senators whenever we can, and that is why we had a list of 25 amendments. That is why we were prepared to sit here in 15-minute intervals and churn through those amendments.

But the Rubio amendment is a poison pill in the sense that it blows up the whole bill. Any one Member of the House can say, "I object to the bill," and, of course, one would, and that would be it.

So how does it help move forward on the NDAA bill? How does it even help Senator RUBIO's goals with the Uighurs by insisting on preventing anything from moving forward unless his proposal gets in the bill, which would destroy the bill?

That is the absurd place we are in tonight. It is regrettable. It is sad. It undoes the work of so many Senators on both sides of the aisle, and it speaks to the need to restore the Senate and change these rules.

MEASURE READ THE FIRST TIME—S. 3299

Mr. SCHUMER. Madam President, I understand that there is a bill at the desk, and I ask for its first reading.

The PRESIDING OFFICER. The clerk will read the bill by title for the first time.

The senior assistant legislative clerk read as follows:

A bill (S. 3299) to prohibit the Department of Defense from discharging or withholding pay or benefits from members of the National Guard based on COVID-19 vaccination status.

Mr. SCHUMER. Madam President, I now ask for a second reading, and in order to place the bill on the calendar under the provisions of rule XIV, I object to my own request.

The PRESIDING OFFICER. Objection having been heard, the bill will receive its second reading on the next legislative day.

MORNING BUSINESS

NOTICE OF A TIE VOTE UNDER S. RES. 27

Mr. CARPER, Madam President, I ask unanimous consent to print the following letter in the CONGRESSIONAL RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

U.S. SENATE, COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS,

Washington, DC, December 1, 2021.

To the Secretary of the Senate:

PN722, the nomination of Carlton Waterhouse, of Virginia, to be a Assistant Administrator, Office of Solid Waste, Environmental Protection Agency, having been referred to the Committee on Environment and Public Works, with a quorum present, has voted on the nomination as follows—

On the question of reporting the nomination without recommendations, 10 ayes, to 10 noes.

In accordance with section 3, paragraph (1)(A) of S. Res. 27 of the 117th Congress, I hereby give notice that the Committee has not reported the nomination because of a tie vote, and ask that this notice be printed in the Record pursuant to the resolution.

THOMAS R. CARPER,
Chair.

NOTICE OF A TIE VOTE UNDER S. RES. 27

Ms. CANTWELL. Madam President, I ask unanimous consent to print the following letter in the CONGRESSIONAL RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

U.S. SENATE, COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION,

Washington, DC, December 1, 2021.

To the Secretary of the Senate:

PN1156, the nomination of Mr. Alvaro Bedoya, of Maryland, to be a Commissioner of the Federal Trade Commission, having been referred to the Committee on Commerce, Science, and Transportation, the Committee, with a quorum present, has voted on the nomination as follows:

1) On the question of reporting the nomination favorably with the recommendation that the nomination be confirmed, 14 ayes to 14 noes; and

In accordance with section 3, paragraph (1)(A) of S. Res. 27 of the 117th Congress, I hereby give notice that the Committee on Commerce has not reported the nomination because of a tie vote, and ask that this notice be printed in the Record pursuant to the resolution.

Your assistance is greatly appreciated.

Sincerely,
MARIA CANTWELL,
Chair.

WORLD AIDS DAY

Mr. CARDIN. Madam President, on December 1, we mark the 33rd anniversary of World AIDS Day, which gives us an opportunity to pause and reflect on the lives lost to HIV/AIDS, how far we have come in the fight against this virus, and what we need to do to ensure an AIDS-free future.

Since the first cases of AIDS were reported domestically in June 1981, more than 700,000 Americans have tragically died due to AIDS-related complications. Significant scientific advances, brought about by public and private partnerships, led to the development of antiretroviral therapies—ARTs—which have been instrumental in decreasing AIDS-related mortality rates by more than 80 percent since they peaked in 1995. Investment in U.S. disease surveillance, prevention, and public education has similarly led to an almost 50-percent decline in the incidence of infection since 2010.

We are fortunate to have premier scientific research institutes within my home State of Maryland working together to combat this deadly virus. The National Institutes of Health, the Walter Reed Army Institute of Research, and the Institute of Human Virology at the University of Maryland all lead U.S. and global research on developing treatments and a vaccine for HIV/AIDS. The world-class research institutions housed in Maryland have not only substantially led the scientific advancements with respect to HIV/AIDS; they have also played a significant role in reducing the number of new cases among Marylanders and affording those who contract HIV/AIDS to continue living full lives. Across Maryland, more than 30,000 adults or adolescents were living with HIV at the end of 2020.

Though my State ranks seventh among all U.S. States and Territories in HIV diagnosis rates per 100,000 people, we are making great strides to prevent new infections. Last year, Maryland recorded fewer than 1,000 new cases of HIV infection for the third consecutive year and a significant decrease over the peak of 2,612 new HIV infections among Marylanders in 1991. Public health initiatives the Maryland Department of Health implemented have been instrumental in reducing new infections, including programs like safe-sex education programs, condom distribution, access to prophylactic medication, and a statewide needle-exchange program for injection drug users.

Today, approximately 1.2 million Americans are living with HIV, and they are able to lead healthier and safer lives due to increased access to care under the Patient Protection & Affordable Care Act, ACA. The ACA has led to increased patient protections such as the prohibitions on rate-setting tied to health status, the elimination of preexisting condition exclusions, and an end to lifetime and annual dollar limits. Still, there are challenges ahead. Increasing prescription drug costs for ART regimens and health insurance benefit designs that shift out-of-pocket costs onto patients risk the progress we have made to end the HIV epidemic in the U.S.

Although Federal financial support to Medicaid, the largest source of insurance coverage for people living with

HIV, has increased through the duration of public health emergency due to the COVID-19 relief bills, tightening State budgets amid record Medicaid enrollment could hinder access to treatment or care for the HIV/AIDS population. Forty-two percent of adults with HIV receive healthcare under Medicaid.

In the U.S., the fight against this disease also disproportionately affects communities of color, with Black and Latino Americans accounting for a disproportionate share of new HIV diagnoses and deaths, consisting of about 70 percent of new diagnosis despite making up roughly 30 percent of the U.S. population. The Biden-Harris administration's theme for World AIDS Day this year is "Ending the HIV Epidemic: Equitable Access, Everyone's Voice," denoting a strong commitment to addressing health inequities within the epidemic. I share the administration's determination to address the disproportionate impact of the epidemic on marginalized populations like the LGBTQ+ community and racial and ethnic minorities.

Internationally, the U.S. has invested more than \$100 billion in the global HIV/AIDS response through the President's Emergency Plan for AIDS Relief—PEPFAR—and the Global Fund to Fight AIDS, Tuberculosis and Malaria, Global Fund. This investment has saved more than 20 million lives, prevented millions of people from becoming infected, and achieved HIV/AIDS epidemic control in more than 50 countries. Since 2003, PEPFAR has changed the trajectory of the HIV epidemic around the globe by expanding access to HIV prevention, treatment, and care interventions. PEPFAR is one of the most successful and cost-effective efforts in the history of American foreign assistance.

Despite the progress we have made around the globe, there is still significant work to do. Of the 38 million people globally living with HIV, 12.6 million are not accessing lifesaving treatment. In 2019, there were 1.7 million people newly infected with HIV—more than three times the global target—and 690,000 people perished from this terrible disease. While we have made strides in combating HIV/AIDS in eastern and southern Africa, we have seen increases in new infections in Eastern Europe, central Asia, the Middle East, and Latin America.

As with last year's commemoration, this year's World AIDS Day finds us continuing to battle the COVID-19 pandemic. Support through PEPFAR and the Global Fund has financed efforts to minimize the disruption of the pandemic on HIV epidemic response efforts, through services like telehealth and multimonth dispensing of antiretroviral therapies. The COVID-19 pandemic, however, continues to affect the global response to HIV and threatens the decades of progress we have made against this disease. In addition to disrupting HIV treatments and pre-

vention services, downstream impacts of the pandemic have cut off vulnerable populations from educational and social support services, and growing inequalities resulting from the economic downturn are likely to lead to increases in HIV risk behaviors and vulnerability. The Global Fund reported that last year, HIV testing dropped by 22 percent and the percentage of HIV-positive TB patients on antiretroviral therapies dropped 16 percent.

A world free from HIV requires global leadership from the United States, and we have stepped up to the plate by heavily investing in the global response to HIV. From significant contributions to the Global Fund to the creation of PEPFAR, U.S. global health leadership and international collaboration helped to turn the tide on the global epidemic. This is as true today as it was 33 years ago. International public health crises require international responses. Unlike the previous administration, I support President Biden's actions to reprioritize cooperative global health response efforts. We are only as strong as the weakest health system, and it is incumbent upon the U.S. to lead global health response efforts as we look to end the COVID-19 pandemic and HIV/AIDS epidemic.

One of the biggest tragedies of the HIV epidemic is that millions of people around the world died while waiting for treatment, and once treatment became available in 1987, it was out-of-reach. At about \$8,000 a year—more than \$17,000 in today's dollars—the first HIV drug was too expensive for populations who needed it most: low-income communities in the U.S. and low and middle-income countries. While Congress authorized \$30 million in emergency funding to States to pay for low-income patients' treatment, global access to the drug lagged. For example, when we established PEPFAR in 2003, only 50,000 people in Africa were accessing lifesaving HIV treatment.

We cannot make the same mistake with COVID-19. While we have made great strides domestically to vaccinate our population, it is equally important to vaccinate the rest of the world from COVID-19. The Biden administration has made significant strides to supply and commit future supplies of vaccines to low-income countries, and I implore the administration to continue working with vaccine manufacturers to expedite this effort as fast as humanly and safely possible. Equally important is ensuring access, when approved, to antiviral treatments. One potential antiviral treatment reduces the risk of hospitalization and death by 89 percent in high-risk adults when used in conjunction with ritonavir, a medication commonly used to treat HIV. The potential success of this antiviral treatment is a testament to the biomedical infrastructure of the United States, where the incredibly innovative treatments we developed for HIV may be effective in battling the COVID-19 pandemic, too.

COVID-19 does not respect borders. To protect our domestic health, we must ensure that our allies and low and middle-income countries around the world have affordable access to eventually approved COVID-19 vaccines, diagnostics, and therapeutics. While we celebrate the progress we have made with respect to HIV/AIDS this World AIDS Day, we must recommit ourselves to continuing this fight because success is within our grasp.

We have made so much progress through international partnerships. Donor nations; civil society; people living with HIV; faith-based organizations; scientific research community and academic partners such as Johns Hopkins University, the University of Maryland, and the Walter Reed Army Institute of Infectious Disease Research; the private sector; foundations; and implementing organizations such as Catholic Relief Services and Lutheran World Relief have complemented those partnerships tremendously. We must apply the lessons of the fight against HIV to our current battle against the COVID-19 pandemic so we can save more lives and get the global economy back on track.

TRIBUTE TO ROBIN SQUATRITO

Mrs. FISCHER. Madam President, I rise today to honor a devoted American patriot on her retirement from Federal civil service. Mrs. Robin Squatrito has served as the Director of Legislative Affairs for North American Aerospace Defense Command and United States Northern Command in Colorado Springs, CO, for over 15 years. During that time, she has provided expert legislative advice to nine NORAD and USNORTHCOM commanders, served as the principal liaison between the commands and the congressional defense committee staffs, and facilitated a tremendous collaborative relationship between NORAD, USNORTHCOM, and Congress—including my staff and me—as the commands have stood constant watch over the United States and Canadian homelands.

In fact, Robin was a member of USNORTHCOM from the day the command was established in October 2002. At that time, she was serving our Nation as a colonel in the U.S. Air Force and was hand-selected by the first commander of USNORTHCOM, Gen. Ralph Eberhart, to be the Director of his Commander's Action Group. USNORTHCOM was established in the aftermath of the attacks of September 11, 2001, and Colonel Squatrito played an instrumental role in ensuring the command was organized and ready to safeguard our homeland from further attacks. When she retired after 26 years in uniform, it was only a matter of time before she answered the call to serve once more.

From the day Robin returned to NORAD and USNORTHCOM as a civil servant, she has been a tireless advocate for our national defense. She is